

STATUS REPORT

REPORT TO DETERMINE LIABILITY UNDER THE ARKANSAS EMPLOYMENT SECURITY LAW
ARKANSAS EMPLOYMENT SECURITY DEPARTMENT P. O. Box 2981 - Little Rock, AR 72203-2981 Telephone (501) 682-3268

IDENTIFICATION SECTION

1. ACCOUNT NUMBER ASSIGNED BY ESD (IF ANY)		2. FEDERAL EMPLOYER I.D. NUMBER	
3. TYPE OF OWNERSHIP (CHECK ONE)			
1. <input type="checkbox"/> CORPORATION	3. <input type="checkbox"/> INDIVIDUAL (SOLE PARTNERSHIP)	5. <input type="checkbox"/> LIMITED PARTNERSHIP	7. <input type="checkbox"/> STATE AGENCY
2. <input type="checkbox"/> PARTNERSHIP	4. <input type="checkbox"/> PROFESSIONAL ASSOCIATION	6. <input type="checkbox"/> ESTATE	8. <input type="checkbox"/> POLITICAL SUBDIVISION
IF THE TYPE OF BUSINESS IS A CORPORATION ENTER THE CORPORATE NAME IN ITEM 4 BELOW.			
4. NAME		5. MAILING ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER ()

6. ENTER THE NAME (OR FIRM NAME) AND BUSINESS ADDRESS WHERE RECORDS OR PAYROLLS ARE KEPT (IF DIFFERENT FROM ITEM #5).			
NAME		MAILING ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER ()

If the type of ownership is an individual or partnership, enter the name(s) and social security number(s) as applicable below, or if the type of ownership is a corporation, complete the information for two officers. Do not list Board Members or Directors.

7. OWNERS OR CORPORATE OFFICERS ATTACH ADDITIONAL SHEET IF NECESSARY	NAME	SOCIAL SECURITY NUMBER	TITLE	RESIDENCE ADDRESS, CITY, STATE, ZIP	
8. BUSINESS LOCATION IN ARKANSAS ATTACH ADDITIONAL SHEET IF NECESSARY	TRADE NAME	STREET ADDRESS, CITY, ZIP, COUNTY		TELEPHONE NO.	No. of Employees

9. IF YOUR BUSINESS IS A CORPORATION, ENTER: ▶▶	CHARTER NUMBER	STATE INCORPORATED	DATE INCORPORATED	REGISTERED AGENT'S NAME	
	ORIGINAL CORPORATE NAME, IF DIFFERENT THAN ABOVE			REGISTERED AGENT'S ADDRESS	
10. IF THE BUSINESS IN ARKANSAS WAS ACQUIRED FROM ANOTHER LEGAL ENTITY ENTER: ▶▶	PREVIOUS OWNER'S ACCOUNT NUMBER (IF KNOWN)		DATE OF ACQUISITION: ▶▶		MONTH
	NAME OF PREVIOUS OWNER		ADDRESS		CITY
	WHAT PORTION OF THE BUSINESS WAS ACQUIRED?		(CHECK) <input type="checkbox"/> ALL. (ONE) <input type="checkbox"/> PART (SPECIFY PERCENTAGE)		

EMPLOYMENT SECTION

11. ENTER THE DATE YOU BECAME LIABLE FOR STATE UNEMPLOYMENT (HAD ONE OR MORE EMPLOYEES IN SOME PART OF TEN DAYS) (ACA 11-10-209)(1) OF ESD LAW. SEE INSTRUCTIONS ▶▶				MONTH	DAY	YEAR
12. IF YOUR ACCOUNT HAS BEEN INACTIVE:		ENTER THE DATE YOUR ORGANIZATION RESUMED EMPLOYING SOMEONE IN ARKANSAS. ▶▶				
13. IF YOU ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE OF 1954 SECTION 501 (C)(3), ATTACH A COPY OF YOUR EXEMPTION LETTER. INDICATE YOUR PREFERENCE: <input type="checkbox"/> REIMBURSE <input type="checkbox"/> CONTRIBUTION						

DOMESTIC - HOUSEHOLD EMPLOYMENT SECTION

COMPLETE 14 ONLY IF YOU HAVE DOMESTIC OR HOUSEHOLD EMPLOYEES
(INCLUDES MAIDS, COOKS, CHAUFFERS, SITTERS, ETC.)

14. ENTER THE ENDING DATE OF THE FIRST CALENDAR QUARTER IN WHICH YOU PAID GROSS WAGES OF \$1000 OR MORE TO EMPLOYEES PERFORMING DOMESTIC SERVICE: ▶▶				MONTH	DAY	YEAR
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PAYROLL REPORTING SECTION

15. ARE YOU AN EMPLOYEE LEASING EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOUR PAYROLL RECORDS MAINTAINED ON COMPUTERIZED FILES?		<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU WISH TO REPORT BY MAGNETIC MEDIA? IF YES, INDICATE YOUR PREFERENCE:		<input type="checkbox"/> DISC <input type="checkbox"/> TAPE <input type="checkbox"/> CARTRIDGE

AGRICULTURE EMPLOYMENT SECTION

16.

ARE YOU AN AGRICULTURAL EMPLOYER? (FARM OR RANCH) ☐ YES ☐ NO

17.

ENTER THE ENDING DATE OF THE TWENTIETH WEEK IN WHICH YOU HAD AT LEAST TEN EMPLOYEES IN ARKANSAS PERFORMING AGRICULTURAL LABOR: ▶▶

MONTH

DAY

YEAR

18.

ENTER THE ENDING DATE OF THE FIRST CALENDAR QUARTER IN WHICH YOU PAID TOTAL WAGES OF \$20,000.00 OR MORE FOR AGRICULTURAL LABOR: ▶▶

VOLUNTARY ELECTION SECTION

19.

IF YOU ARE NOT LIABLE UNDER A COMPULSORY PROVISION OF THE ARKANSAS EMPLOYMENT SECURITY LAW, AND YOU WISH TO VOLUNTARILY ELECT COVERAGE FOR YOUR EMPLOYEES, CHECK HERE ☐, AND ENTER THE YEAR YOU WISH LIABILITY TO BEGIN: _____

AT THE END OF TWO (2) YEARS FROM THIS DATE, OR AT THE END OF ANY SUBSEQUENT CALENDAR YEAR, YOU MAY WITHDRAW THIS ELECTION BY FILING A WRITTEN REQUEST.

YOU WILL BE NOTIFIED OF THIS DETERMINATION IN WRITING.

NATURE OF BUSINESS SECTION

20.

DESCRIBE FULLY THE NATURE OF BUSINESS IN ARKANSAS AND LIST THE PRINCIPAL PRODUCTS IN ORDER OF IMPORTANCE: ▶▶

SELECT ONE OF THE SHORT TITLES BELOW WHICH MOST CLOSELY DESCRIBES YOUR BUSINESS OPERATIONS IN ARKANSAS AND ENTER THE APPROPRIATE CODE IN THE SPACE PROVIDED.**CODE SHORT TITLE**

01-Agricultural Production - Crops
02-Agricultural Production - Livestock
07-Agricultural Services
08-Forestry
09-Fish, Hunting, and Trapping
10-Metal Mining
12-Coal Mining
13-Oil and Gas Extraction
14-Nonmetallic Minerals, Except Fuels
15-General Building Contractors
16-Heavy Construction Contractors
17-Special Trade Contractors

Manufacturing

20-Food and Kindred Products
21-Tobacco Manufactures
22-Textile Mill Products
23-Apparel and Other Textile Products
24-Lumber and Wood Products
25-Furniture and Fixtures
26-Paper and Allied Products
27-Printing and Publishing
28-Chemicals and Allied Products
29-Petroleum and Coal Products
30-Rubber and Misc. Plastics Products
31-Leather and Leather Products
32-Stone, Clay, and Glass Products
33-Primary Metal Industries
34-Fabricated Metal Products
35-Machinery, Except Electrical

CODE SHORT TITLE

36-Electric and Electronic Equipment
37-Transportation Equipment
38-Instruments and Related Products
39-Miscellaneous Manufacturing Industries

Nonmanufacturing

40-Railroad Transportation
41-Local and Interurban Passenger Transit
42-Trucking and Warehousing
43-U.S. Postal Service
44-Water Transportation
45-Transportation by Air
46-Pipe Lines, Except Natural Gas
47-Transportation Services
48-Communication
49-Electric, Gas, and Sanitary Services
50-Wholesale Trade-Durable Goods
51-Wholesale Trade-Nondurable Goods
52-Building Material & Garden Supplies
53-General Merchandise Stores
54-Food Stores
55-Automotive Dealers & Service Stations
56-Apparel and Accessory Stores
57-Furniture and Home Furnishings
58-Eating and Drinking Places
59-Miscellaneous Retail
60-Depository Institutions
61-Nondepository Credit Institutions
62-Security, Commodity Brokers & Services
63-Insurance Carriers

CODE SHORT TITLE

64-Insurance Agents, Brokers & Service
65-Real Estate
67-Holding and Other Investment Offices
70-Hotels and Other Investment Offices
72-Personal Services
73-Business Services
75-Auto Repair, Services, and Garages
76-Miscellaneous Repair Services
78-Motion Pictures
79-Amusement & Recreation Services
80-Health Services
81-Legal Services
82-Educational Services
83-Social Services
84-Museums, Botanical, Zoological Gardens
86-Membership Organizations
87-Engineering, Accounting, Research, Management
88-Private Households (Inc. Domestic Employment)
89-Miscellaneous Services
91-Executive, Legislative, and General
92-Justice, Public Order, and Safety
93-Finance, Taxation & Monetary Policy
94-Administration of Human Resources
95-Environmental Quality and Housing
96-Administration of Economic Programs
97-National Security and Intl. Affairs
99-Nonclassifiable Establishments

INDUSTRY CODE **AGENCY
USE
ONLY**

SIC CODE:

BLS OWN CODE:

AUX CODE:

COUNTY CODES:
STATUS BLS

SEASON CODE

Type Reimbursable _____
Origination Code _____**SIGNATURE SECTION**

21.

I HEREBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND CORRECT, AND THAT I AM AUTHORIZED TO EXECUTE THIS STATUS REPORT ON BEHALF OF THE EMPLOYING UNIT NAMED HEREIN.

(THIS REPORT MUST BE SIGNED BY THE OWNER, OFFICER, PARTNER OR INDIVIDUAL FOR WHOM A VALID POWER-OF-ATTORNEY IS ON FILE WITH THE ARKANSAS EMPLOYMENT SECURITY DEPARTMENT.)

SIGNED BY:

TITLE:

FAX NO.:

TELEPHONE:

DATE: